

Statement of Organization
Recipient Committee

Type or print in ink

Statement Type ☐ Initial
Not yet qualified ☐ or

☒ Amendment
List I.D. number:

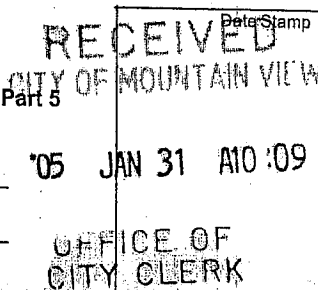
1266286

Date qualified as committee

7 / 26 / 2004
Date qualified as committee
(If applicable)

☐ Termination - See Part 5
List I.D. number:

Date of Termination



STATEMENT OF ORGANIZATION

CALIFORNIA
FORM 410

For Official Use Only

1. Committee Information

NAME OF COMMITTEE

Margaret for Council

STREET ADDRESS (NO PO. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Mountain View

CA

94041

MAILING ADDRESS (IF DIFFERENT)

Mountain View CA 94041

OPTIONAL: FAX / E-MAIL ADDRESS

margaret@votemak.org

COUNTY OF DOMICILE

COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT
THAN COUNTY OF DOMICILE

Santa Clara

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

Dennis Chiu

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

San Jose

Ca

95134

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE

MAILING ADDRESS

CITY

STATE

ZIP CODE

AREA CODE/PHONE

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 1/30/2005
DATE

Executed on 1/30/2005
DATE

Executed on _____
DATE

Executed on _____
DATE

By

By

By

By

SIGNATURE OF TREASURER OR ASSISTANT TREASURER

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

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FORM **410**

INSTRUCTIONS ON REVERSE

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COMMITTEE NAME

I.D. NUMBER

Margaret for Council

1266286

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT	ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE)	YEAR OF ELECTION	PARTY
Margaret Abe-Koga	Mountain View City Council	2006	<input checked="" type="checkbox"/> Non-Partisan
			<input type="checkbox"/> Non-Partisan

- List the financial institution where the campaign bank account is located (controlled "candidate election" committees only)

NAME OF FINANCIAL INSTITUTION	AREA CODE/PHONE	BANK ACCOUNT NUMBER
Bank of the West	800-488-2265	007-080952
ADDRESS	CITY	STATE ZIP CODE
501 Castro Street	Mountain View	CA 94041

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER)	CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)	CHECK ONE	
		SUPPORT	OPPOSE
		SUPPORT	OPPOSE